CHAPTER OVERVIEW

This chapter covers information pertaining to reports that are screened as a family assessment and the process county staff members should follow in response to the report. In addition, this chapter discusses the on-going assessment process beyond the initial CA/N report that brought the family to the attention of the agency.

In a small percentage of reports it will be determined that it is more appropriate for an investigation case to be handled through the family assessment approach and vice versa. However, some reports will transfer due to information obtained during the investigation or family assessment. The statute requires reports to be transferred, as appropriate. When changes are made, they are to be done in the least disruptive way possible for the family and should minimize service delivery interruption.

5.1 Family Assessment Response

If the report is classified as a family assessment, it will be assigned to a Children's Services Worker, who will contact the family and conduct a thorough family assessment. All children listed as victims on the CA/N-1 and every child in the household must be seen no later than 72 hours of the report. If the worker is unable to ensure safety, face to face contact with all children

named as victims on the CA/N-1 must be made within 24 hours. The goal of the family assessment is to:

- Determine any risk to the child's safety;
- Determine if the family needs assistance from the Division or the community; and
- Identify strengths and service needs of the family.

During the family assessment, staff will utilize the skills described in Section 3, Delivery of Services/Intact Families.

Child Safety Determination/Initial Visit with Family

1. PLANNING FOR CONTACT WITH THE FAMILY:

Review the initial CA/N report for:

- Allegations contained in the report;
- Number of household members, if indicated;
- Age and relationship of household members, if indicated;
- Age and number of children involved in the report of maltreatment;
- Location of household;
- Prior reports to Children's Division (CD);
- Income resource indicated; and
- Indication of community involvement, i.e., reporter is from a school, counselor, medical staff, etc.

In reviewing the above categories, staff are to begin planning their first contact with the family and reviewing what strengths and stresses may be indicated for the family.

Record review is an important initial step. If there have been prior reports to the agency, staff shall review the context of those reports and the outcome of each. In reviewing prior reports, staff shall examine what events were reported in the past, what response the agency had (was the finding of "Preponderance of Evidence" or prior to August 28, 2004); "probable cause," were Family-Centered Services provided, what was the outcome of these services, etc.), as well as who was involved in prior reports. Examining this history provides the worker with a base of information for their contact with the family. Additionally, the history tells the Children's Service

Worker what worked for the family if past services were provided, as well as what did not seem to work.

The reporter, when known, will be contacted to gain further detail about the report and to assist in determining safety of the child(ren). This contact will meet the 24-hour contact called for in the law if the child's safety can be determined until the worker has face to face contact with the child.

When the victim(s) is enrolled in school, the school liaison must be contacted. The liaison is a valuable source of information and an active member of the multidisciplinary team. Communication between CD and the liaison should be ongoing, when appropriate, to enhance services to the child and family.

2. FIRST CONTACT(S)

Family assessments must be initiated within the first 24 hours. If the family/child is not seen within the first 24 hours, as it has been determined through reporter and collateral contacts that the child is safe in the interim, documentation must be recorded in the CPS-1 and CPS-1A.

INTERVIEWING THE CHILD ALONE**:** Effective immediately, staff shall interview the child separately from his/her family when conducting a family assessment. The worker may explain the agency's responsibility to secure information from named participants in the report, along with other persons/facilities, in order to determine safety and complete a thorough assessment. The specific circumstances of the family assessment will dictate whether the child interview will happen before or after the family interview. The private interview with the child does not preclude him/her from the family interview session. If the family refuses to allow a child to be interviewed separately from the family, the report can change tracks and become an investigation. If this track change occurs the investigation protocols will be followed, such as contacting local law enforcement for an assist.

The initial contact with a family in a family assessment may be via phone. A worker may review the above information and make a professional decision whether to contact the family to schedule the first home visit to begin the family assessment process.

There are several reasons a worker may want to initiate contact via phone with the family. In making the decision to contact the family before making a home visit, a worker must weigh the pros and cons of this contact. Supervisory consultation may be necessary in making this decision.

Positives to scheduling this contact are:

- Scheduling the first face-to-face contact with the child and family provides the family with some initial decision-making, empowering them, prior to that first face-to-face contact;

- Scheduling allows a family to have all family members at home who are needed to begin the family assessment; and

- Setting a time for the first face-to-face contact allows a worker to schedule the time needed to begin the family assessment.

Negatives to scheduling the first face-to-face contact are:

- Family may flee;
- Children may be "coached";
- The home environment may be altered prior to the initial visit; and
- Family members' response is less spontaneous.

When responding to the family to complete a family assessment, the first phase begins with a review of the exterior of the home. The exterior of the home often provides staff with preliminary information about the family. It may allow the staff person to address:

- Child's Safety
- Family household safety;
- Worker safety; and
- Dangerous environmental concerns.

CPS-1 and CPS-1A are completed to determine the level of safety for the child(ren) in the home and the need for services from the Division and the community. The key questions that need to be answered during the initial visit are:

1. What strengths exist within the family, that ensure the child is safe and will be safe from CA/N when I leave?

The first two 2 pages of the CPS-1 and the CPS-1A must be completed:

- During or immediately following the initial visit with a family in response to a report of child abuse/neglect;
- For re-evaluation of safety during the family assessment/investigation process when child(ren) were initially determined to be unsafe;
- At or immediately prior to an Intensive-In-Home Services Screening;
- When circumstances have changed during the family assessment/investigation process or during Family-Centered Services case involvement to indicate that safety

may be compromised, such as: when a decision to remove the child(ren) from the home must be made.

- The first 2 pages of the CPS-1 and CPS-1A will be reviewed by the Chief Investigator within 72 hours of the report.

2. What concerns, if any, exist for the safety of the children due to the family situation?

Related Subject: Section 2.2.5.4. Assessment of Safety

3. What service/support does the family need or request from the community or the Division?

4. Do I need to visit again and/or gather more information?

5. What is my next step related to this family?

If a family chooses not to cooperate with the family assessment approach, it may be necessary to contact law enforcement to gain access to the child to assess the child's safety. Division staff may contact the Juvenile Court (verbally and in writing) if the family is uncooperative and assistance is needed to ensure the child's safety. Division staff may contact law enforcement during the family assessment as in investigations. This information is provided to the family in the Description of the Family Assessment (CS-24a), which is given to the family at the beginning of the family assessment.

If the family chooses not to cooperate with the family assessment and CD determines that there is no, or minimal, risk to the child, the family assessment will be concluded with conclusion L - Family Assessment-Non-cooperation/Child Safe, and no further action will be taken (no FCS case opened).

NOTE: The first two 2 pages of the CPS-1 and the CPS-1A must be completed:

NOTE: If a Safety Assessment determination is "conditionally safe" the worker shall execute the safety plan prior to the family being assigned another worker for follow-up services.

Involving Law Enforcement - Worker Safety

Workers may request law enforcement to accompany them when making an initial visit for a family assessment, without switching the report to the investigation track. The reasons for making such a request might include:

- Worker safety;
- Family does not allow access to the child;
- Family member safety;

- Criminal violation not related to CA/N;
- Status offense by juvenile (involve juvenile officer);
- Potential for law enforcement to take custody of child; and
- Past history of domestic violence and/or drug involvement in the home.

There should be a discussion with the law enforcement officer prior to the visit regarding the role each will play. The worker should immediately advise the family of the reason law enforcement is involved.

Interface with Family-Centered Services (FCS)

Staff should ensure a continuum of services to a family from the beginning of the family assessment process and through the provision of ongoing Family-Centered Services (FCS). The family assessment is just one segment of the Division's process to assess and engage the family. It starts the process. If it is determined that the family needs and wants services, then staff will complete the Family Plan for Change (CS-16-b). Staff should make the process as fluid as possible.

5.2 Change to Investigation Response

In a small percentage of reports it will be determined that it is more appropriate for a family assessment report to be handled through the investigation approach and vice versa.

Hopefully, careful initial screening will help keep transfers to an acceptable minimum. Some reports, however, will transfer due to information obtained during the family assessment or investigation. The statute requires reports to be transferred, as appropriate.

When such transfers are made, they are to be done in the least disruptive way possible for the family and should minimize service delivery interruption.

If, during the family assessment, it is determined that the report meets the investigation parameters and would more appropriately be handled as an investigation, the report shall be switched. Depending on local protocol, this may or may not involve going back through the original screener(s). The Children's Service Worker conducting the investigation or family assessment may, with the approval of their supervisor, and dependent on local protocol, make the decision to change without going back through the initial screener(s).

If the worker believes a report should be switched to an investigation from a family assessment, because of new information received, if true, would constitute a suspected law violation, law enforcement must be contacted **immediately.** If law enforcement indicates they are unable to assist, they shall provide a written explanation within 24 hours, detailing the reasons why law enforcement is unable to assist (210.109.3(4), RSMo). The worker shall document this request on the CPS-1. Do not delay conclusion of the CA/N report because the explanation has not been received from law enforcement.

In determining if a report should be switched from a family assessment to investigation, staff must determine if there is an indication of a criminal violation or risk related to abuse or neglect (and the parents/caretaker refuses to cooperate) that warrants law enforcement involvement. Also, staff should consider if they believe the alleged perpetrator may be a threat to other children, especially outside the home.

In reports where the family refuses to allow the Division to interview the child or otherwise refuses to cooperate, and collateral contacts and other information obtained convinces the Children's Service Worker that risk of abuse or neglect exists for the child, the report must be switched to the investigation track. This information is provided in the Description of the Family Assessment (CS-24a), which is given to the family at the beginning of the family assessment. If the family initially refuses to allow the Division to interview the child, but following law enforcement/juvenile court intervention assistance the child is assessed to be safe by Division staff, the family assessment can be concluded (Conclusion L - "Family Assessment- Not Cooperative/Child Safe").

NOTE: The first two pages of the CPS-1 and the CPS-1A should be completed, by the worker and reviewed and signed off on by the Chief Investigator within 72 hours of receipt of report. Information used to reach this conclusion may include collateral contacts, system checks, reporter contacts, school or day care contact, or contact with any other person or agency that might have pertinent information about the family.

Related Subject: Section 2.2.5.4. Assessment of Safety

The decision to change the response is documented on the CPS Screening Classification Form (CS-27) and the CPS-1. The ATRU Screen must be updated to reflect the change, the date the change was made, and the reason for the change (on the Comment Screen). If it is decided to change responses before the initial screening code is entered in the system, both the initial screening code and subsequent ones shall be entered in the system for evaluation purposes.

If, during a family assessment, information results in a new serious allegation, the report shall be switched to an investigation and staff shall decide if a new report should be made for documentation purposes. Staff will document the change on the Screening Form and in the automated system. The investigator will update the CA/N-1 to reflect the correct information, i.e., allegation, alleged perpetrator, victim(s), etc.

The following questions may be helpful in determining if a change should be made:

- Would allegations, if true, constitute a criminal act?
- How long would the family need our involvement?
- Would it better serve the family to switch to an investigation?

5.3 Reaching a Conclusion

The family assessment will be completed within 30 days. A conclusion will be reached during the family assessment as to whether the family needs Family-Centered Services beyond the 30 day assessment period.

Possible outcomes when a family assessment is completed are:

- The family needs Family-Centered Services beyond the 30 day assessment period (Conclusion J; FCS Assessment Status J);
- The family received Family-Centered Services during the 30 day assessment period (either by the CD Children's Service Worker or by a community resource/support system). The family no longer needs services provided by CD (Conclusion M, FCS Assessment Status A);
- The family was and continues to receive Family-Centered Services prior to the reported concern (Conclusion J; FCS Assessment Status B);
- The family received Family-Centered Services from the Division in the past. The family will receive services again (Conclusion J; FCS Assessment Status K; enter closed FCS case number);
- The family does not need Family-Centered Services from the Division or the community (Conclusion K, FCS Assessment Status A); or
- The Division offered to provide Family-Centered Services but the family refused services. The worker has been able to document that the child is safe (Conclusion N, FCS Assessment Status A).
- The family refused to cooperate during the Family Assessment process. The worker has been able to document that the child is safe, therefore a case will not be opened for Family-Centered Services (Conclusion L, FCS Assessment Status A).

Workers shall complete all investigation/family assessments within 30 days, unless good cause for the failure to complete the investigation or assessment is documented in the information system. Delayed conclusion shall only be used for 15 days past the 30-day conclusion deadline. Therefore, all investigations/family assessments shall be complete with in 45 days.

The following are examples of situations in which a delayed conclusion may be appropriate:

1. Due to change in response track, from family assessment to investigation and law enforcement is assisting in co-investigation. In this situation, there may be a few days

lost in coordinating schedules with law enforcement to interview all subjects named in the report (i.e., the alleged perpetrator) along with collateral contacts.

2. Delay in receiving critical medical, psychological, or educational report (verbal report from the Doctor may be documented in the report and concluded prior to receipt of written report).

3. Co-investigation with law enforcement in which alleged perpetrator has not been interviewed.

4. Family refused to cooperate, law enforcement contacted and awaiting outcome of referral to juvenile court.

5. Courtesy request to another county or state, subject of CA/N report not interviewed.

If there is a delay in receiving information from law enforcement, the juvenile office, or other professionals, staff must attempt to obtain the information, documenting all attempts in the case record. In situations where the information will not be received within 30 days of the report, the supervisor and worker are to take appropriate steps to secure information necessary to complete the CD process and make a determination.

If delays are detected on an on-going basis due to involvement with law enforcement, the juvenile office or other professionals, local CD staff must meet with interdisciplinary investigation team members within their communities, to develop protocol to meet conclusion timeframes.

Additionally, CD must maintain weekly follow-up contacts with law enforcement, juvenile office, other professionals, and/or courtesy county/state agencies to obtain respective written reports.

Related Subject: Section 2, Chapter 4, Attachment H: Guidelines for Letter to Suspected Perpetrator Regarding Delayed Notification of CA/N Status Determination

Notification

The worker conducting a family assessment first meets the family, the worker should give the family a Description of the Family Assessment Process (CS-24a) at the first contact. The same individuals are notified of the outcome of the family assessment by way of the Family Assessment Disposition Form Letter (CS-21a).

It is not required to notify the non-custodial parent when staff have completed a family assessment, but an attempt must be made to engage the custodial parent in seeing the potential importance of the non-custodial parent in the family's current and on-going situation. If a change is made from a family assessment to an investigation, a Description of the Investigation Process (CS-24) will be provided to the parties to the investigation at the first contact after the decision is made. The outcome of the investigation will be provided by an Investigation Disposition Form Letter (CS-21). Non-custodial parents shall be made aware of the pending investigation.

5.4 Newborn Crisis Assessment

The county office may receive request from CANHU or County Office physician/health care provider for a home assessment due to the mother's drug involvement or other non-drug related situations in which there are serious concerns of risk to the child. The request may be received prior to, or at the time of, the release from the hospital for drug-involved children, and prior to release for non-drug involved situations.

Staff are to treat the referral as an emergency, i.e., an immediate response to the request and the provision of information to the referring party in a timely manner (depending on when the hospital intends to release the infant).

The Newborn Crisis Assessment shall include at a minimum the following:

a. Contact with physician/hospital personnel who made referral;

b. Visit with mother at the hospital, if she is still there, or at her home to determine her plans for caring for the infant upon release;

c. Observe the infant, assess the risk, and obtain information on any special needs;

NOTE: If a mother and child are in the hospital in another county, staff may enlist the assistance of CD staff in that county to visit the hospital and provide information to the county of residence.

d. Visit the mother's home, and/or home the infant will go to upon release, and do the following:

- See other children, if any, and assess the risk.
- Evaluate support system which is in place, including family members, friends, etc. (Staff may use the genogram and ecomap)
- Determine other agencies involved with family and extent of their involvement. (Staff may use the ecomap).

e. Contact other agencies involved with the family to determine support, if appropriate; and,

f. Contact juvenile court if their involvement is needed.

Staff shall generate a child abuse/neglect report if abuse or neglect of another child in the home is observed.

Staff shall provide information to the referring physician/health service provider, in person or by telephone. The assessment will include a recommendation as to whether the infant should be released from the hospital with the mother. If the worker feels the child should not be released with the mother, a referral to the juvenile office would be in order.

Staff shall document in a case file the information provided. If staff later become involved with the family, or there is currently an open file, combine this information with the case record.

For drug-related situations, provide information regarding the assessment and findings, toxicology report/signs and symptoms, and a copy of the written assessment to the Department of Health and Senior Services/Bureau of Special Health Care Needs (DHSS/BSHCN) Service Coordinator.

5.5 Family-Centered Service Assessment

Family-Centered Services assessment is integral in determining the appropriate services to a family. Accurate assessments lead to service plans that appropriately address the family's needs.

The Family-Centered Services assessment is defined as an on-going process which evaluates and identifies:

- The current level of family functioning;
- The current risk to the child(ren); and
- Family strengths and service needs.

The assessment is used to develop a treatment plan. The goal of the plan is to improve the conditions that brought the family to the attention of the Division.

5.5.1 Assessment Timeframes

When a family is referred for treatment services, the Children's Service Worker is required to make the initial face-to-face contact with the family within the time frame of the case priority status. The Children's Service Worker shall determine if Division services are still required by assessing the current risk factors and determining if any changes in the family's circumstances since the CA/N investigation, or initial referral, can justify case closure. When criteria for closing exist, the Children's Service Worker will consult with the supervisor. If mutually agreed upon, the case will be closed.

If services are needed, the Children's Service Worker must complete the Family-Centered Services assessment process within thirty (30) days from case assignment to determine the appropriate treatment services. The assessment should be updated when necessary throughout the treatment plan process.

5.5.2 Philosophical Considerations

Family-Centered Services Social Services seek to empower the family and minimize its dependence upon the social service system. The Family-Centered Services assessment is an integral part of this approach.

The conceptual framework from which a Family-Centered Services assessment is conducted greatly influences the type of intervention and thereby affects treatment. When successfully implemented, a Family-Centered Services assessment will actively involve the family and serve as a means to engage them in treatment. In addition, it will assist in building mutual trust and respect between the family and Children's Service Worker.

It is important that the Children's Service Worker embrace certain basic beliefs and convey certain attitudes in his/her initial and subsequent contacts with the family. Some of these basic beliefs are:

- Problems that affect individuals are usually symptoms of other underlying problems within the family system. From this viewpoint, the problem is not within the individual, but a result of dysfunctional relationships between individuals;
- Blaming an individual is essentially counter-productive. It does not reflect the goal of strengthening the entire family system. More than one person usually contributes to the presenting problems;
- Eliciting family participation in an assessment process enhances the likelihood of case success. Families are the most knowledgeable source about themselves. Involving them in the process signals empowerment and allows them to identify their own needs. Their input may provide new insight into the situation and offset the Children's Service Worker's pre-conceived notions;
- The assessment should focus upon family strengths rather than weaknesses. It is the strengths that will serve to guide the treatment planning. This focus identifies areas of hope and opportunity for both the family and Children's Service Worker.

5.5.3 Methods of Collecting Assessment Information

There are six (6) basic methods of collecting Family-Centered Services assessment information:

1. Direct interview of family members individually and/or together;
2. Obtaining information from family members through activities such as drawing genograms and ecomaps;

3. Personal observation of the family members and their interactions at home or in the community;

4. Examining written materials such as case records, school reports, etc.;

5. Making collateral contacts with other agencies or individuals involved with the family; and

6. Referring the family members for an evaluation by a qualified examiner.

5.5.4 Assessment of Safety

The purpose of the safety assessment is to: 1) help assess whether any children are currently in *immediate danger of serious physical harm* which may require a protecting intervention; and 2) to determine what interventions should be maintained or initiated to provide appropriate protection.

Which Cases: All Investigation/Family Assessments and FCS or FCOOHC openings (where a child remains in the home) and an initial safety assessment was not completed during a CA/N report. If there has been a prior safety assessment that required a safety plan, a safety reassessment should be completed instead and attached to the CS-16.

Who: The assigned case worker.

Decision: The safety assessment is used to guide decisions about the removal of a child(ren) from his/her parent/caretaker. It also guides decisions on whether or not the child(ren) may remain in the home, the need for interventions to eliminate the threat of immediate harm, or if the child(ren) must be protectively placed.

A safety plan is required for all children when any safety factor has been identified.

Time Frames: The safety assessment is completed at the time of a FCS or FCOOHC case opening unless one was completed recently that required a safety plan, in which case a Safety Reassessment should be completed;

Appropriate Completion: The safety factors should be reviewed/referenced during the safety assessment process and the tool should be completed **immediately.** The safety assessment is made up of three sections parts of which are found in the **CPS-1** and the **CPS-1A**:

- Section 1: Safety Factor Identification
- Section 2: Safety Response & Interventions

- Section 3: Safety Decision

The vulnerability of each child is considered throughout the investigation/assessment. Young children cannot protect themselves. For older children, an inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Section 1 has two parts:

Part A, *(found in the CPS-1)***,** requires that the worker consider each of the 12 behaviors and/or conditions listed and identify the presence or absence of each factor by circling either "yes" or "no." **Answer each item as it relates to the most vulnerable child**.
(See CPS-1A instructions for Section 1 Part B, Section 2 and Section 3)

SAFETY REASSESSMENT TO BE COMPLETED BY: The supervisor will fill in the worker's name, who will be filling out the safety reassessment (CS-16D). The supervisor will also check the **due date** which represents **both** the *date the safety plan expires* **and** the *date in which the reassessment is due to occur*.

The CPS Worker will complete the *Safety Reassessment* (CS-16D) tool:

- Prior to a child(ren) returning to the home following out-of-home placement during the investigation/family assessment period.
- At the expiration of the initial safety plan.
- On any case whenever new information becomes available that indicates a threat to the safety of the child(ren).

The CS-16D, safety reassessment tool is used to evaluate the status of child safety throughout the life of a case. It documents the resolution of safety factors previously identified on the initial safety assessment, the presence of any additional safety concerns, and whether a new/revised safety plan is required.

(See form instructions to complete the CS-16D, Safety Reassessment.)

5.5.5 Assessment of Risk

Risk Assessment

The Structured Decision Making (SDM) risk assessment can be found in the (CPS-1) Child Abuse/Neglect Investigation/Family Assessment Summary and in the (CS-16) Family Assessment Packet. The SDM risk assessment tool identifies families, which have low, moderate, high, or very high probabilities of future abuse or neglect. **The SDM risk assessment tools are only used for families in which there are children in the home.**

By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 to 24 months. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified the agency can ensure that resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

Risk Reassessment (CS-16E): The Risk Reassessment (CS-16 E) assesses risk of future child maltreatment and assists workers in evaluating whether risk levels have decreased, remained the same or have increased since the initial risk assessment.

The Risk Assessment is to be completed at the conclusion of every investigation/family assessment in which there are children who remain in the home. The risk assessment identifies the level of risk of future maltreatment and is used to guide the decision to close or open the investigation/family assessment for ongoing services. The following chart shows the recommended case open/close decisions based on the risk level for investigations and family assessments:

Risk-Based Case Open/Close Guidelines			
Risk Level	**Investigations**		**Family Assessments**
	Preponderance of Evidence	**Unsubstantiated**	
Low	Close	Close	Close
Moderate	Open/Close	Close	Open/Close
High	Open	Open/Close w/referral	Open/Close w/referral
Very High	Open	Open/Close w/referral	Open/Close w/referral

Note: There may be unique circumstances in which it is appropriate to open low risk cases (for example, court-ordered services), or close very high risk cases (for example, family moved out of state). Reasons for opening or closing cases outside of the recommended guidelines should be clearly documented in the case record.

Priority of Initial Client Contact after a Case Opening Based on SDM Risk
Prior to signing off on a CA/N investigation/family assessment, the Supervisor will review the CPS-1and will determine the priority of the initial face to face interview with the family based on the following SDM risk levels;

- High or Very High Risk - within one (1) working day;
- Moderate Risk - within five (5) working days; and

- Low Risk - within ten (10) working days.

If the case referral was not due to a CA/N investigation/family assessment, the supervisor's appraisal of the potential risk to the children and overall family situation will determine when treatment follow-up contact by the social worker is needed. **THIS SHOULD NOT EXCEED TEN (10) WORKING DAYS FROM CASE ASSIGNMENT.**

FAMILY CONTACT GUIDELINES FOR IN-HOME CASES

The Family Risk Assessment provides reliable, valid information on the risk to children of continued abuse and neglect. Appropriate use of this assessment data is key to ensuring better protection of children. Therefore, for cases that have been opened for ongoing services, the risk level is used to guide the minimum amount of contact with the family each month. These guidelines are considered "best practice" and help focus staff resources on the highest risk cases.

These guidelines apply to families where all children are in the home, and reflect the minimum number of face-to-face and collateral contacts with the family each month. Workers should use judgment in each case to best determine whether more contacts are needed. The definition and purpose of a face-to-face "contact" is: to monitor developments in the case, to observe interaction between the caregiver and the child(ren), to facilitate implementation of the Case Plan, and to assess progress with the plan.

The Family Case Contact Guidelines provide a recommendation regarding the minimum number of contacts the worker should have with the family based on the assessed risk level. It is used to guide monthly contacts while the case is open, and are reviewed at each risk reassessment until the case is closed.

The risk level determines the overall minimum contact standards for the family. The "Children's Division Minimum Contact Standards" represent how many of the overall contact standards must be met by the CD worker. The remaining contacts may be met by a contracted in-home service provider who is working with the family as part of the family's case plan. However, if the contracted service provider was unable to complete monthly contacts, the CD worker is responsible for meeting the overall contact standards.

The CD worker is responsible for making all collateral contacts. Collateral contacts include phone contact with school personnel and day care providers, medical personnel who have recently seen or treated the child(ren), parenting class instructors, etc.
"Minimum Contact Guidelines for In-Home Family Cases" refers to FCS Cases or for FCOOHC cases where children are in the home and represents the recommended number of contacts that workers should have with families according to their assessed risk level.(likelihood of future maltreatment):

Minimum Contact Guidelines for In-Home Family Cases		
Risk Level	**Overall Contact Guidelines** (by CD and other service providers)	**CD Minimum Contact Guidelines**
Very High	3 face-to-face/month	2 face-to-face/month and 3 collateral contacts/month
High	2 face-to-face/month	1 face-to-face/month and 3 collateral contacts/month
Moderate	1 face-to-face/month	1 face-to-face/month and 2 collateral contacts/month
Low	1 face-to-face/month	1 face-to-face/month and 1 collateral contacts/month

For FCOOHC cases, where there are no children in the home refer to for frequency of worker visits with parent/caretaker see:

Related Subject: Section 4, Chapter 7.3.1: Meeting and Working with the Family

5.5.6 Guide to a Family-Centered Services Assessment

The following is presented as a guide for the assessment. This is not meant to be used as a rigid procedure but simply as useful avenues of inquiry and as a guide for thinking about the family system.

- Who is the family?

  Names

  Ages

  Relationships

  Occupations

Religion

- Roles (of the parents and children)

  Who performs what roles? Parenting, i.e. are grandparents, older children or others involved?

  What subsystems exist? Are the boundaries clear between the marital or spousal subsystems, the parental, the sibling, and the grandparental subsystems?

  Is there agreement among family members regarding the roles?

  Are family members satisfied with roles and expectations?

  Do some feel overloaded or underloaded?

  Are members satisfied with others' role performance?

  Do members identify any unfulfilled tasks?

  Can roles be changed if necessary?

  What are the rules about roles?

- Family Rules

  What are the family rules with regard to:

  - Decision making?
  - Child care?
  - Discipline?
  - Use of space (privacy, etc.)?
  - Intimacy, distance, expressions of love and anger?

  What are the rules with respect to relationships between the generations?

  - Extended family involvement?
  - Parents and children?

  Can rules be discussed openly?

- Communication

  Are there identifiable channels of communication?

  Who communicates to whom and how?

  What is the communication style of the family? Verbal or non-verbal?

  How is information communicated?

  How are feelings communicated?

  Are there taboo subjects or taboo ways of communicating?

  Are messages clearly communicated or is there a high degree of ambiguity?

- Relationship System

  How do members of this family feel about the other members?

  How do members feel about themselves in relation to this family?

  Who is close to whom in this family? Are there identifiable alliances?

  Are there dyads that tend to pull in a third party (triangulation) to diffuse tension or relieve anxiety?

  Who has the most influence (power) in this family according to its members? Is there a satisfaction or dissatisfaction factor?

  Are the parents at the top of the power hierarchy in order to protect, nurture, and socialize the children?

  What are the major conflicts within the family from the point of view of each member?

  How do members express feelings toward each other?

- Family Through Time

  What is the current life stage and what are some of the developmental tasks facing it and its members?

  What is the significant history about the development of the family (marriage, children. etc.)?

Significant themes, patterns, events in the family history-major losses, changes-and how the family has handled them.

Significant intergenerational information (close ties, values, traditions, myths, emotional cut-offs, active problem areas).

- Family Network

  What persons or systems are important to the family?

  Outside the immediate family, where does the family turn for support?

  Is the family able to meet the material, physical, and social needs of its members? How much stress does the family experience in meeting those needs?

  How does the family "fit" in relation to the larger society? Are there problems with other organizations--schools, work, church, etc.?

  What are the cultural, ethnic influences in this family? How significant are these in the operation of the family?

5.5.7 Completing a Family-Centered Services Assessment

The Children's Service Worker shall use Form CS-16, Family Assessment and Treatment Plan. The format of the form encourages a family systems-oriented assessment. The following items are specific components of the CS-16 which must be covered for a good family assessment.

5.5.8 Case Identifying Information and Household Members

The Children's Service Worker shall enter household member information or attach the SS-63 form, or copy, to the front of the CS-16 packet to document the names, birthdates, race, and address of the household members. Other case identifying information is listed on page 1 of the CS-16.

5.5.9 How the Case was brought to CD Attention

To help track the case history, the Children's Service Worker shall identify its origin, i.e. whether from a CA/N investigation, initial Family Assessment self-referral, court order, etc. This should not be a definition of the problem, but rather how the Division became involved with the family.

Other agencies and community systems which were involved with the family immediately prior to, or during, the referral process should also be listed.

Enter additional information provided by the reporter or other collateral. A brief description of prior reports of child abuse/neglect should also be given, including a summary of concerns identified in unsubstantiated reports. Due to expungement criteria for unsubstantiated reports

and reports substantiated prior to August 28, 1999, the incident numbers will not be listed here. Phrases such as “Concerns have been confirmed in the past that include…”, rather than stating these concerns were from prior reports.

5.5.10 Description of Family System

A thorough description of the family system is needed before conclusions are drawn about the service needs of the family. The Children’s Service Worker shall describe:

- Names, ages, and relationships of family members;
- Family roles and family rules;
- Significant events and their dates; and
- The family's connections to outside systems and resources, including the identity of relevant collateral contacts.

The Children’s Service Worker shall draw upon a variety of information gathering styles and methods to obtain the necessary information. These should include:

- Genograms, a diagramming method resembling "family trees," that are completed with the family's assistance. This method elicits family participation and can help the Children’s Service Worker engage the family in a non-threatening manner. As the family provides information to complete the diagram, the Children’s Service Worker should ask for clarification and further explanation about the quality of the family relationships. This allows the information to be obtained without probing through formal direct questioning. This less direct inquiry is often productive when the family is suspicious of intervention. Identifying information can be written around the diagram to provide more specific information.
- Ecomaps, another diagramming method, shall also be completed with the family. This method links the family's genogram to outside systems and resources. Valuable information can be obtained on employment history, extended family relationships, and sources of conflict and support. Involving the family in ecomapping may identify resources that may have been previously overlooked.

Related Subject: Section 7, Chapter 25, Diagramming Families for Assessment.

- Brief written narrative shall be used to supplement or enhance the diagramming methods described above. Direct interviewing will be necessary to obtain a thorough narrative description. As the family may be highly suspicious of the intervention, the Children’s Service Worker should take care not to intimidate the family by this method and ease into the interview. Some written narrative (i.e.

notes) is expected to supplement diagramming methods, clarify certain information, and to fill in the gaps.

5.5.11 Family Strengths and Competencies

Family strengths and competencies that are observed shall be listed. No assessment is complete without a thorough evaluation of a family's strengths, capacities, and accomplishments.

Sometimes it is easy to become so problem-oriented that the Children's Service Worker and family fail to recognize what the family is already doing well. Children's Service Workers should look for, and acknowledge, the strengths observed within the family members and system. This should be done in an ongoing manner. Often these strengths have been over-looked or hidden. Operating from this perspective inspires hope, reinforces the family's own problem-solving, and encourages family empowerment. The identified strengths provide areas for the Children's Service Worker and family to build upon in the treatment plan.

5.5.11.a Relabeling

One way to help identify family strengths is through relabeling (sometimes called reframing). Relabeling is a process in which a person's point of view is changed, usually from a negative to a more positive viewpoint.

It is done by identifying and describing behavior from a different perspective and by recognizing that most things can be seen legitimately in at least two ways. We all experience reality differently; what we say about something reflects our attitudes and feelings about it.

By altering the meaning we attribute to a behavior, one can change the person's perspective and his/her responses to the behavior. For instance, a father's hostile or resistive behavior toward the Children's Service Worker could be relabeled as his protectiveness of his family. By recognizing the protectiveness, the Children's Service Worker may be more apt to elicit cooperation. A child who is said to be argumentative could be relabeled as independent and a free-thinker. Once the behavior is relabeled, his/her parents may react differently to the child's behavior.

NOTE: The Children's Service Worker is cautioned not to relabel abusive behavior. This could be perceived as acknowledgment that abusive behavior is acceptable and it may minimize the perpetrator's responsibility for the abuse.

Here are some guidelines to help formulate a relabeling statement:

1. Identify the individual's behavior that is to be relabeled. This is usually a behavior that, when described, carries a negative connotation;

2. Relabel the behavior by identifying a way it can be perceived as helping the family. The relabeling statement should contain a "ring of truth" and build upon the idea that most things can be legitimately seen at least two ways;

3. Inquire into how the individual's behavior impacts upon other family members and how they usually respond to the behavior;

4. Tie the relabeling statement of the individual's behavior to the family system. Once the individual's behavior is relabeled, consider how the family interactions that surround the identified behavior could now be looked at differently. Relabel the interactions in such a way that the family members could react and interact differently;

5. Decide if the family will perceive the relabel as helpful, and if they will accept it. The family should be able to feel support and view themselves differently; and

6. Present the relabeled behavior or action and reframe in a tentative manner (i.e., "I wonder if...", or "Have you considered that...").

5.5.12 Identification of the Presenting Problem(s) (Symptom)

The Children's Service Worker shall identify the presenting problem(s) (also known as symptom), which results from the family system's dysfunction. The presenting problem (symptom) is usually the behavior that brought the family to the attention of the Division. Typically, the presenting problem is a superficial behavior that is symptomatic of underlying problems within the family system.

5.5.13 Family's Perception of the Presenting Problem(s)

The Children's Service Worker shall allow all family members to state their opinions about the presenting (and underlying) problems. Encouraging this ventilation of opinions signals respect of the family and the importance of their cooperation. The Children's Service Worker should key into who is being blamed for the family discord and how the family perceives its relationship to outside systems.

5.5.14 Collateral and Other Information

The Children's Service Worker should include other pertinent information about the family, including information obtained from relevant collateral sources and other professionals involved with the family.

It may be necessary to check with these sources to verify information that is provided by the family. Information obtained from collaterals may contradict the family's account of the presenting problems. Inconsistencies may not be intentional lies by the family but merely their understanding or version of reality and should be viewed as such. This comparison may provide insight into the accuracy of the family's perceptions that are listed previously.

Use Form SS-6, Authorization for Release of Information, when necessary.

5.5.15 Study of the Presenting Problem

Next it is important for the Children's Service Worker to study the family's presenting problem. The presenting problem is usually the behavior that brought the family to the attention of the Division. We need to look at what precipitated, or caused, the presenting problem.

The study of causality can be from a linear or circular perspective. The linear perspective tends to look only at what immediately preceded the presenting problem; at who or what caused it. This perspective tends to affix blame in that the problem is viewed as belonging to an individual or is someone's fault.

Viewing behavior from a circular perspective is conducive to a family-centered approach in that problems are viewed as belonging to the family system. A circular viewpoint looks at behavior as reciprocal interactions that have no identifying beginning or end. Behaviors and their precipitating conditions are reinforced within the system and this reinforcement leads to behavioral patterns.

Two techniques are presented to assist in this study:

- Timelines, which are used to identify "critical events" experienced by the family. By plotting these events on a linear line, this method can help determine the onset of the presenting problem, what was going on before and after the onset.

- "Sequences of behavior" around the presenting problem behavior that are diagrammed in a circular manner. This allows the Children's Service Worker and family to see how the presenting problem is embedded in sequences of family behaviors. It can help gain insight into how these repetitious sequences may serve an underlying purpose for the family.

Related Subject: Section 7, Chapter 25, Diagramming Families for Assessment.

5.5.16 Function of the Presenting Problem (Symptom)

The Children's Service Worker shall describe the possible function or purpose that the presenting problem(s) (also known as the symptom) serves within the family system.

The presenting problem (symptom) is usually the behavior that brought the family to the attention of the Division. Typically, the presenting problem is a superficial behavior that is symptomatic of underlying problems within the family system. Understanding the function of the symptom is probably the hardest change to make in how we look at problems.

From a systems point of view, an individual's symptom is a functional, protective or adaptive response to a dysfunctional family situation. An individual's distress, for example, may function to restore family stability by expressing and deflecting family tension (i.e. children develop

delinquent behaviors in order to save the parents' marriage from failing; spouses develop symptoms in order to bolster the other's sense of inadequacy). This response may not be a conscious behavior with a conscious intent.

We need to ask ourselves what purpose a particular symptom serves, how does it help keep the family in balance (homeostasis), and what does it say about what is really going on in the family. We need to remember that behavior must be reinforced to continue. We need to ask ourselves how a particular behavior is reinforced within the system. In this manner, the underlying issues that led to the presenting problem(s) can be identified.

5.5.17 What Needs to Change?

By carefully studying all information obtained in the assessment process, the Children's Service Worker shall describe what he/she thinks are the underlying sources of the family's dysfunction.

Once the presenting problem(s) has been identified and its possible function is described, the Children's Service Worker should identify areas of family functioning that are most critical to resolving the presenting problem. In other words, to address the presenting problem, what needs to change within the family? What are the underlying situations that the family is reacting to by exhibiting the presenting problem?

5.5.18 Behaviorally Specific Goals

To address the underlying sources of dysfunction, the family and Children's Service Worker must set behaviorally specific goals. These goals should focus upon the critical underlying sources of dysfunction and identify what the family will be doing differently when change occurs.

Goals may reflect direct and indirect interventions. Direct interventions address the presenting problem directly. They tend to reduce the immediate crisis and address the immediate safety issues. Indirect interventions address the behaviors and circumstances that may be contributing to the presenting problem. Indirect interventions can be identified through circularity and by determining the function of the presenting problem (symptom).

Use the family definition of the problem as much as possible. For example, if the mother states the problem as "My children don't respect me, then the Children's Service Worker's question becomes "How will we know when your children are showing some respect?"

The goals must be achievable. If the mother decides that her children will be showing proper respect if their rooms are clean everyday, the Children's Service Worker might want to help modify the goal by saying, "Most kids, even the most respectful ones, don't have their rooms clean everyday. What do you think would be reasonable to expect from your children? Twice a week, maybe?"

When possible, goals should identify increments of change so that the family and Children's Service Worker can see when change is beginning to occur. Using increments may not be possible with goals that directly address physical and sexual abuse, and other immediate safety issues. In these instances, incremental change may still put the child at risk as change must

occur rapidly to ensure the child's safety. The necessary change to ensure the child's safety will be a direct goal that addresses the presenting problem and will be behaviorally specific.

Indirect goals, to address contributing and underlying factors, may be used in conjunction with the direct goal. Indirect goals may be written incrementally and will also be behaviorally specific.

5.5.19 Identification of Services and Available Resources

The Children's Service Worker shall list the services he/she feels are necessary to meet the family's service needs. The Children's Service Worker shall also list who will provide these services to the family.

Services should not be equated with goals or tasks. Services are provided by a person or agency (i.e., parenting classes) to address identified needs of the family members.

Services should be identified in the tasks (i.e., attend parenting classes once per week for six weeks) that are included on the Family Plan for Change, CS-16b. By utilizing the services described in the tasks, the family members should be able to accomplish the treatment goals. The Children's Service Worker should also list instances where a particular resource is unavailable to meet a specific service need. This will document that the family's service need is not being met due to the lack of resources rather than being overlooked in the assessment process.

Sources: Section 5.10 on Risk Assessment was adapted from the Utah Child Protective Services Risk Assessment Project, Utah Department of Social Services, and the Utah Child Welfare Training Project, Graduate School of Social Work, University of Utah; 1987.

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